

Master of Nursing (Nurse Practitioner):

**Clinical Mentor / Support NP
Handbook**

School of Health

Faculty of Engineering, Health,
Science and the Environment



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Section A: Introduction

INTRODUCTION

Welcome to the Master of Nursing (Nurse Practitioner) (MNNP) Clinical Mentor/Support NP Handbook. You have been nominated as a clinical mentor or support NP for an NP candidate undertaking this course. This handbook is to better acquaint you with the MNNP and the role of the clinical mentor/support NP. This first section introduces you to the course and the roles of the mentor/support NP, NP candidate and university.

Section B describes the assessment for the clinical topics including the assessment tools to be used in conjunction with you, the clinical mentor/support NP.

Section C includes additional resources for example further assessment relevant to clinical practice, a list of texts and websites, and other learning aids.

The MNNP is offered through Charles Darwin University in collaboration with Centre for Remote Health (CRH). The course is offered only in part-time external delivery mode, usually over two years. This course is designed to assist NP candidates to:

- complete University requirements for the MNNP;
- prepare for application to the nursing regulatory authority for authorisation as an NP; and
- establish the foundations for safe, efficient, effective and acceptable practice as an NP.

The MNNP has a strong clinical focus. All NP candidates must have at least five years FTE practice as a Registered Nurse including at least three years clinical experience in their specialty and a minimum of one year working at an advanced practice level in the speciality. In addition, applicants must have Graduate Diploma in their specialty area to gain admission to the course. CDU NP candidates are advanced nursing clinicians; the MNNP will provide opportunities to extend their knowledge and skills to enable them to confidently and competently fill the role of NP.

As experienced practitioners and adult learners, the *NP candidates* are the primary drivers of their learning course including:

- initiating and implementing their clinical learning experiences;
- maintaining liaison with their clinical mentor/support NPs, venues and the university;
- leading negotiations among the interested parties and facilitating successful completion of the negotiated course of study; and
- monitoring their own progress, identifying potential areas of concern and initiating strategies to address arising concerns

within the framework established by the MNNP.

The principle role of the *clinical mentor/support NP* is to:

- assist, guide and assess NP candidates in their clinical development e.g. patient interview and examination, specialised physiology and pathophysiology, diagnostic tests, therapeutics including pharmacotherapeutics, and other areas relevant to the clinical specialty;
- serve as contact for other members of the health care team, providing information about, and perhaps advocacy for, NP candidates' evolving clinical role.

The role of the *University* is to:

- work with NP candidates, clinical mentor/support NPs and clinical venues to design an individualised course of study to assist NP candidates to develop the knowledge and skills needed by NPs in their clinical specialties and settings;
- ensure the clinical course meets the requirements of practice settings, nursing regulatory bodies and the university;

- establish and maintain credible and equitable learning and evaluation frameworks; and
- work with NP candidates, mentor/support NPs and clinical venues to assist NP candidates to complete the negotiated course of study.

A more comprehensive description of each of these roles follows this introduction.

The MNNP NP candidate's clinical goals and role of the clinical mentor/support NP over the 4 semesters of the course following the usual enrolment pattern are as follows:

Sem	NP candidate clinical outcomes	Clinical mentor/support NP role
1	<ul style="list-style-type: none"> ♦ Develop a clear understanding of the NP role and how it could be established in the clinical area ♦ Demonstrate comprehensive client interview and assessment skills incl. lab tests and radiology ♦ Develop clinical learning contract 	<ul style="list-style-type: none"> ♦ Consult/advise as required ♦ Facilitate learning opportunities and assessment (min 3 client assessments and write-ups) ♦ Consult and advise on learning contract
2	<ul style="list-style-type: none"> ♦ Demonstrate developing application of physiology, pathophysiology, differential diagnosis, therapeutics and referral as per learning contract ♦ Develop knowledge and skills in pharmacological therapies as a component of clinical treatment regimes 	<ul style="list-style-type: none"> ♦ Facilitate learning opportunities and assessment (min 3 client assessments, 3 clinical experience reports and viva) ♦ Review learning contract as required
3	<ul style="list-style-type: none"> ♦ Develop a plan for evaluating the NP role ♦ Demonstrate increasing knowledge and skill in differential diagnosis, clinical reasoning, therapeutics and referral as per learning contract ♦ Demonstrate ongoing development of clinical practice in practice setting 	<ul style="list-style-type: none"> ♦ As negotiated with NP candidate
4	<ul style="list-style-type: none"> ♦ Demonstrate comprehensive application of physiology, pathophysiology, differential diagnosis, therapeutics and referral in complex client situations as per learning contract ♦ Consolidation and evaluation of clinical practice 	<ul style="list-style-type: none"> ♦ Facilitate learning opportunities and assessment (min 3 clinical experience reports and viva) ♦ As negotiated with NP candidate

In addition to these outcomes and assessments directly related to the mentor/support NP role, the NP candidate will be undertaking a variety of other learning and assessment activities e.g. principles of pharmacotherapeutics, clinical audit, review of the NP literature, case studies etc. You are welcome to review this material with either your NP candidate or myself.

The role of the clinical mentor/support np is a core component of the MNNP course. The NP candidate has asked you to undertake this role because he or she feels you have the knowledge and skills, clinical credibility and professional leadership to act as a teacher and advocate. You are being asked to join a team that will, over the next two to three years, seek to both implement a new and exciting health care provider role and assist the NP candidate to develop the knowledge and skills to fill that role. I hope you will join us. Please feel free to contact me directly if you have any queries or concerns.

Sincerely



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Course Coordinator and/or Unit Coordinator will be contacting you, usually via email, once you have been nominated as a clinical mentor/support np, during the first semester of the NP candidate's study, and prior to and following the final clinical assessments for HEA520 and HEA540. In addition, you are encouraged to contact us any time you would like to discuss any aspect of the course or your NP candidate's performance.

ROLE OF CLINICAL MENTORS AND SUPPORT NPs

In order to assist in maintaining high standards in the clinical component of the course, CDU requires that clinical mentors possess knowledge and skills at levels which can assist the students achieve and demonstrate a specific level of practice. Clinical mentors are initially identified by the candidate prior to enrolment (see Information for Clinical Venues), then discussion regarding the suitability of the mentor, the contribution the mentor will make to the candidates' education and professional development and the potential for additional support arrangements (e.g. additional clinical teaching roles etc.) is negotiated between the candidate, course coordinator and mentor.

Clinical mentors must be:

- * Nurse Practitioners or medical practitioners registered with AHPRA;
- * Senior members of the health care staff in their practice setting;
- * Experienced clinical mentors, preferably including multi-disciplinary mentorship;
- * Willing and able to engage with CDU and the unit coordinator to facilitate the candidate's professional and clinical development;
- * Willing and able to dedicate a minimum of 1 hour per week to face-to-face or remote (e.g. tele/video conferenced) student mentorship;
- * Willing and able to facilitate the NP candidate's learning opportunities in the practice setting; and
- * Willing and able to provide the NP candidate and the unit coordinator with timely, accurate feedback on the candidate's performance in the practice setting.

Desirable criteria for mentors

- * Postgraduate qualifications in the specialty equivalent to, or higher than, the course the student is enrolled in;
- * A minimum of 5 years experience in the specialty area;
- * Member of professional organization;
- * Participation in mentor orientation;
- * Ability to empathize with students;
- * Highly motivated to guide students in clinical practice;
- * Excellent time management skills

During Semester 1 of the MNNP, as the candidates develop a better sense of the context of Nurse Practitioner practice, including political, clinical, professional and regulatory requirements, they begin negotiation with the course coordinator to identify and engage a suitable support NP. Support NPs are sometimes identified by the NP candidate or may be suggested by the course coordinator from our database of experienced NPs interested in nurturing NP candidates.

The support NP's role within the course is negotiated initially with the Course Coordinator, then refined to meet the individual needs of the candidates through negotiation between the support NP and the candidate. Support NPs meet (face-to-face or electronically) with candidates on a schedule determined by the candidate and support NP (usually fortnightly) to discuss course content, assessments e.g. scope of practice, clinical learning contract, case studies, viva, portfolio development, and/or issues arising in the candidate's practice or study setting. The support NP provides an external assessor for the NP portfolio.

Support NPs must be:

- * Authorised Nurse Practitioners endorsed by AHPRA;
- * Senior members of the health care staff in their practice setting;
- * Experienced clinical mentors, preferably including NP mentorship;

- * Willing and able to engage with CDU and the unit coordinator to facilitate the candidate's professional and clinical development; and
- * Willing and able to provide the NP candidate and the unit coordinator with timely, accurate feedback on the candidate's professional and clinical development.

The professional networks that develop through these mentorship and support NP roles are critical to implementation of the Nurse Practitioner roles in the practice setting, especially outside of metropolitan public health care. These professional networks assists candidates to develop the skills they will need in a politically and professionally difficult role, smoothing the very rough patches, helping candidates identify their options including risks and benefits, and providing them with a collegial support team during their studies and beyond.

COURSE INFORMATION

This comprehensive Masters course is designed to equip advanced practice nurses with the clinical skills and specialised knowledge required to become NPs. This course has been approved by the Nurses and Midwives Board, Australia (NMBA) as a course leading to authorisation as an NP. Graduates will be eligible to apply to the NMBA for authorisation to practice as NPs throughout Australia.

The course normally requires 80 credit points of study and is completed in two years part time however up to 40 credit points of credit transfer may be granted. Core topics are offered externally with some face-to-face on-campus requirements each year, and mid-year entry can be negotiated.

The course combines a strong focus on clinical skill development with advanced theory to practice topics specifically designed to meet the demands of the professional, regulatory and political contexts in which graduates will practice. It is suitable for candidates working in advanced practice nursing roles in a wide range of health care settings including acute care, aged care, mental health, primary care, rural and community practice. Places in the course are offered subject to availability of appropriate clinical support and mentorship in the practice environment.

Course aims

The course acknowledges that NP candidates have a significant body of professional practice and theoretical knowledge. It provides a needs-based quality education to build on that base and equip graduates to practice in an NP role. The structure is flexible, allowing each NP candidate to meet specific needs and interests in the clinical, theoretical and audit practice topics.

The course's strength lies in its responsiveness to:

- The professional, regulatory and political contexts in which NPs practise;
- Supporting and building collaborative relationships among NP candidates, medical colleagues, health service managers, and educators;
- The specificity of each NP candidate's clinical learning needs to meet the emerging practice requirements of the NP role in their particular practice setting;
- Forming mentoring /collaborative relationships between individual NP candidates and appropriately skilled and qualified clinical practitioners who will foster and guide the NP candidate's clinical skill acquisition. Learning contracts are initiated by the NP candidate and developed in partnership with the NP candidate, their clinical mentor/support NP, and the responsible nurse academic;
- Ensuring learning opportunities are created in the practice setting for NP candidates to move from their existing expert nursing practice roles into the professional authority of the NP scope of practice;
- Advice from our very committed NP Course Advisory Group;
- State, national and international trends in education for NPs; and
- Meeting client and health system requirements with evidence firmly grounded in research.

Entry requirements

Applicants normally must have:

- current registration as a RN with the NMBA
- a Graduate Diploma or equivalent in a relevant nursing specialty
- a minimum of 5 years FTE experience as a RN including:
 - a minimum of 3 years clinical practice as an RN in the relevant specialty area and
 - a minimum of 1 year FTE at advanced practice level in the relevant speciality area of practice
- a CV demonstrating active involvement in professional organisations and contribution to the ongoing development of the profession
- written confirmation of employer support to undertake the extended practice components of the course, including providing appropriate clinical mentorship.

Structure and content

NP candidates normally complete the 8 unit course as follows:

YEAR ONE	
Semester 1	Semester 2
HEA511 Context for extended professional practice	HEA520 Extended practice 1
HEA513 Advanced client assessment	HEA530 Pharmacotherapeutics for extended practice
YEAR TWO	
Semester 3	Semester 4
HEA409 Practice evaluation strategies	HEA540 Extended practice 2
HEA514 Diagnostic reasoning and clinical decision making	Specialist elective

Topic synopses

HEA511 Context for extended professional practice: This unit will introduce candidates to the required professional foundations for development and implementation of their Nurse Practitioner roles. Candidates will explore the unique characteristics of an NP service within the health care system and implementation of the NP role nationally and internationally. They will develop a plan for a Nurse Practitioner Service within their health setting, establish an educational support team for the implementation of this service, and collaborate with their support team to devise an individualised learning plan to guide their progress from an advanced practice nurse into a Nurse Practitioner.

HEA513 Advanced client assessment and diagnostic reasoning: This unit will introduce candidates to the required clinical foundations for development and implementation of their Nurse Practitioner roles. It will guide candidates in developing culturally appropriate client assessment knowledge and skills on which to base advanced and extended client care in the candidate's practice setting. The unit will emphasise comprehensive, systematic client assessment using a nursing model of client care with learning and assessment in the online, simulated lab and practice settings.

This unit is offered by mixed mode and utilises online learning plus a mandatory one week intensive.

HEA514 Diagnostic Reasoning and Clinical Decision Making: This unit will further develop the clinical foundations for development and implementation of candidates' Nurse Practitioner roles. It will guide candidates in developing their understanding and skills for effective and evidence based clinical decision making. The unit will focus on integrating a comprehensive, collaborative approach to patient assessment and management with appropriate clinical decision making processes, diagnostic procedures and techniques with learning and assessment in the online, simulated lab and practice settings.

This unit is offered by mixed mode and utilises online learning plus a mandatory one week intensive.

HEA520 Extended Health Practice 1: Extended practice 1 is the first of two units designed to provide candidates with guided and individualised development towards the dynamic extended clinical practice characteristic of the Nurse Practitioner role. Candidates use their clinical learning contracts constructed in *HEA511 Context for extended professional practice* to work with their clinical support team and academic coordinators to develop their extended clinical knowledge and skills. The focus of the unit is on clinical application of a nursing model of care characterised by advanced and extended collaborative care within their specific practice setting.

HEA530 Pharmacotherapeutics for extended practice: This unit assists candidates to further develop the advanced to the extended level of practice of nurse practitioner. It will provide non-medical prescribers with the knowledge and skills they require to integrate pharmacological therapies into their clinical treatment regimes. It is based on the principles of Quality Use of Medicines and collaborative practice. The unit takes candidates from review of pharmacological principles of pharmacodynamics and pharmacokinetics into the extended role of prescribing, monitoring and evaluating the outcomes of pharmacotherapies within their specific practice setting.

HEA540 Extended Health Practice 2: Extended practice 2 provides candidates with the opportunity to extend their clinical knowledge and skills in their speciality area of practice, incorporating more complex assessment, diagnosis, interventions and monitoring. As with Extended Practice 1, the candidate will be working in collaboration with a clinical support team in their specific practice setting and will be guided by an individually negotiated clinical learning contract. Collaboration and communication with the health care team, client, family and community in order to enhance health outcomes in complex and unfamiliar situations are key foci of this unit.

HEA409 Evaluation Strategies for advanced practice: This unit is designed to extend candidates' ability to critically evaluate clinical practice and client outcomes in their clinical practice setting. The candidate develops knowledge and skills in identifying area suitable for evaluation, choosing the appropriate study design for conducting the evaluation, implementing and reporting on the evaluation.

Specialist elective: The specialist elective offers candidates an opportunity to explore an area relevant to their practice. Options include research, education, Indigenous health, child protection, and independent study.

PORTFOLIO

Each NP candidate is expected to develop a professional portfolio documenting their NP role and professional development. This portfolio provides an opportunity for NP candidates to describe their practice, demonstrate creativity and reflection, and to organise their insights into the NP role. The best portfolios show self-reflection and an ability to distinguish both achievements and areas for improvement as well as strategies to address learning and professional goals. The portfolio is a requirement of the NMBA and will be submitted as part of the NP candidate's application for authorisation as an NP. It must comply with the NMBA requirements for portfolios and CVs and will be examined both internally by the unit coordinator and externally by the support NP.

Please feel free to ask your NP candidate to show you his or her portfolio or to discuss any aspect of the portfolio development with the NP candidate or teaching team.

Section B: Mentoring strategies

THE ONE MINUTE PRECEPTOR: 5 MICROSKILLS FOR ONE-ON-ONE TEACHING

Acknowledgements

<http://www.oucom.ohiou.edu/fd/monographs/monographs.htm>

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Introduction

Health care providers face many challenges in the day to day pursuit of their careers, and those who choose to teach health professions candidates face the further challenge of efficiently and effectively providing teaching to these learners. No matter what type of learner – resident, medical candidate, physicians assistant or nurse practitioner – and no matter what their level of skill or training, the challenge of integrating teaching into your day to day routine remains. Fortunately tools and techniques have been developed to assist the preceptor. A tested and valuable approach is the One-Minute Preceptor.

Initially introduced as the “Five-Step `Microskills' Model of Clinical Teaching” (Neher, Gordon, Meyer, & Stevens, 1992), the One Minute Preceptor strategy has been taught and tested across the nation (Irby 1997a, 1997b; STFM, 1993) and has been welcomed by busy preceptors. The dissemination of this technique has been allowed and encouraged, and we are pleased to be able to present it to you as part of our Preceptor Development Course.

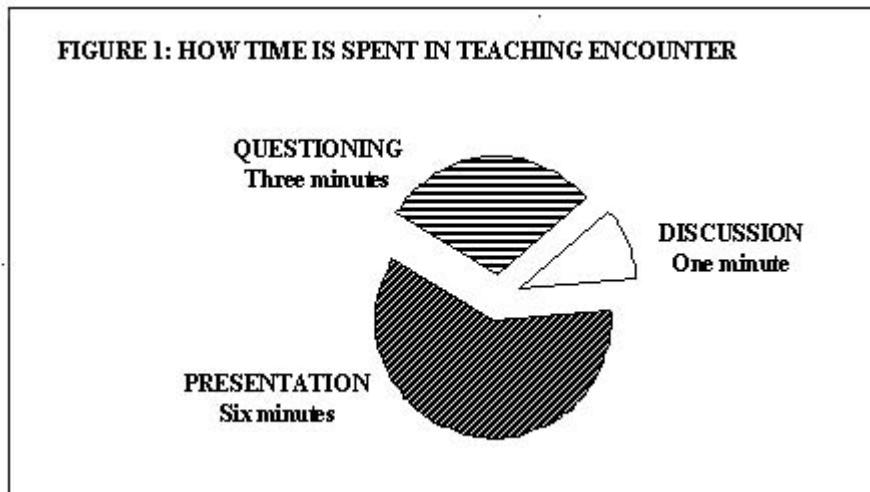
At the end of this module you will be able to:

1. List the Steps of the One-Minute Preceptor model of clinical teaching.
2. Explain how each step fosters effective and efficient teaching.
3. Demonstrate understanding of the One-Minute Preceptor on a sample candidate presentation.
4. Integrate the One-Minute Preceptor model into your clinical teaching.

Making the Most of Teaching Time

Much of clinical teaching involves the learner interviewing and examining a patient, and then presenting the information to the preceptor. This strategy is common both in the office and hospital setting. Studies have indicated that on average, these interactions take approximately 10 minutes and the time is divided into several different activities. (See Figure 1.) Much of the time is taken up by the presentation of the patient by the learner. Additional time is spent in questioning and clarifying the content of the presentation. As a result only about one minute of time is actually spent in discussion and teaching.

The One-Minute Preceptor approach allows the preceptor to take full advantage of the entire encounter in order to maximize the time available for teaching. The teaching encounter will still take longer than a minute but the time spent is more efficiently used and the teaching effectiveness is optimized.



The Method

The One-Minute Preceptor method consists of a number of skills that are employed in a stepwise fashion at the end of the learner's presentation. (See Table 1.) Each step is an individual teaching technique or tool, but when combined they form one integrated strategy for instruction in the health care setting.

Table 1: The One-Minute Preceptor Method

1. Get a Commitment
2. Probe for Supporting Evidence
3. Reinforce What Was Done Well
4. Give Guidance About Errors and Omissions
5. Teach a General Principle
6. Conclusion

An Example:

Let us look at a sample presentation in order to help illustrate the steps of the One- Minute Preceptor model and their practical application.

You are working with candidate from a Nurse Practitioner course who is in your office for their final six-week preceptorship before graduation. The candidate has just finished seeing a patient and is presenting to you in your office while the patient waits in the exam room.

Candidate: Hi...I just saw Mrs. Winkler. She is a 67-year-old woman who comes in today with a complaint of fever, cough and shortness of breath. As you may know, she has a 30-pack year smoking history and carries the diagnosis of mild COPD.

She began getting sick about two days ago with what she thought was a cold but by yesterday she had more chest congestion and a temperature of 101 orally. She also noted that she was more winded than usual in her usual activities at home. Yesterday her cough was productive of whitish sputum but by this AM it had become yellow to tan with streaks of blood. She noted chills this AM and her temp was 100.5 and she called to come in. She has noted some increase in her wheezing but denies chest pain, except when she coughs.

“She is on Capoten and HCTZ for high blood pressure, and uses an albuterol inhaler and has been using this about every two hours since last evening. She has no allergies, got a flu shot this year and had the Pneumovax 2 years ago.

“On physical she is working hard at breathing with wheezes heard without a stethoscope. HEENT is basically normal but her lung exam reveals diffuse wheezes expiratory wheezes and decreased breath sounds in the area of the right middle lobe...” [Candidate pauses here waiting for your response]

Step One: Get a Commitment

At this point, there are many teaching techniques you could employ, but the One-Minute Preceptor method suggest that you get a commitment from the learner – to get them to verbally commit to an aspect of the case. The act of stating a commitment pushes the learner to move beyond their level of comfort and makes the teaching encounter more active and more personal. This can show respect for the learner and fosters an adult learning style.

In this situation the learner stopped their presentation at the end of the physical exam. An appropriate question from the preceptor might be: “What do you think is going on with this patient?” This approach encourages the learner to further process the information they have gathered. You obtain important information on the learners clinical reasoning ability and the learner is given a higher sense of involvement and responsibility in the care of the patient. If the answer is correct, then there is the opportunity to reinforce a positive skill. If the response is incorrect, an important teaching opportunity has occurred and the impact of the teaching is likely to be greater since the learner has made the commitment.

Not all learners will stop at the same point in their presentation, but the preceptor can still get a commitment. Additional examples include:

“What other diagnoses would you consider in this setting?”

“What laboratory tests do you think we should get?”

“How do you think we should treat this patient?”

“Do you think this patient needs to be hospitalized?”

“Based on the history you obtained, what parts of the physical should we focus on?”

By selecting an appropriate question, the preceptor can take a learner at any stage and encourage them move them further along in their skills and to stretch beyond their current comfort level.

Notice that questions used in getting a commitment do not simply gather further data about the case. The goal is to gain insight into the learner's reasoning. Questioning by the preceptor for specific data reveals the preceptor's thought process – not the learner's. The learner in the example above needs the opportunity to tell you their assessment of the patient data they have collected.

Step Two: Probe for Supporting Evidence

Now that you have a commitment from the learner, it is important to explore what the basis for their opinion was. The educational setting often rewards a lucky guess to the same degree as a well-reasoned, logical answer. In the practice setting, it is important to determine that there is an adequate basis for the answer and to encourage an appropriate reasoning process. By the same token it is important to identify the “lucky guess” and to demonstrate the use of appropriate supporting evidence.

Once the learner has made their commitment and looks to you for confirmation, you should resist the urge to pass immediate judgement on their response. Instead, ask a question that seeks to

understand the rationale for their answer. The question you ask will depend on how they have responded to your request for a commitment:

“What factors in the history and physical support your diagnosis?”

“Why would you choose that particular medication?”

“Why do you feel this patient should be hospitalized?”

“Why do you feel it is important to do that part of the physical in this situation?”

There are significant benefits from using this step at this time. You are able to immediately gauge the strength of the evidence upon which the commitment was made. In addition, any faulty inferences or conclusions are apparent and can be corrected later. This step allows the preceptor to closely observe the vital skill of clinical reasoning and to assist the learner in improving and perfecting that skill. Our learner in the role-play will get a further chance to demonstrate their ability to integrate and use clinical data.

Step Three: Reinforce What Was Done Well

In order for the learner to improve they must be made aware of what they did well. The simple statement “That was a good presentation” is not sufficient. The learner is not sure if their presentation is “good” because they included current medications or because they omitted the vital signs. Comments should include specific behaviors that demonstrated knowledge skills or attitudes valued by the preceptor.

“Your diagnosis of ‘probable pneumonia’ was well supported by your history and physical. You clearly integrated the patient’s history and your physical findings in making that assessment.”

“Your presentation was well organized. You had the chief complaint followed by a detailed history of present illness. You included appropriate additional medical history and medications and finished with a focused physical exam.”

With a few sentences you have reinforced positive behaviors and skills and increased the likelihood that they will be incorporated into further clinical encounters.

Step Four: Give Guidance About Errors and Omissions

Just as it is important for the learner to hear what they have done well, it is important to tell them what areas need improvement. This step also fosters continuing growth and improved performance by identifying areas of relative weakness. In framing comments it is helpful to avoid extreme terms such as ‘bad’ or ‘poor’. Expression such as “not best” or “it is preferred” may carry less of a negative value judgement while getting the point across. Comments should also be as specific as possible to the situation identifying specific behaviors that could be improved upon in the future.

Examples:

“In your presentation you mentioned a temperature in your history but did not tell me the vitals signs when you began your physical exam. Following standard patterns in your presentations and note will help avoid omissions and will improve your communication of medical information.”

“I agree that, at some point, complete pulmonary function testing may be helpful, but right now the patient is acutely ill and the results may not reflect her baseline and may be very difficult for her. We could glean some important information with just a peak flow and a pulse oximeter.”

The comments are specific to the situation and also include guidance on alternative actions or behaviors to guide further efforts. In a few sentences an opportunity for behavior change has been identified and an alternative strategy given.

It is important to reflect here that a balance between positive and constructive criticism is important. Some preceptors may focus on the positive, shying away from what may be seen as criticism of the learner. Others may focus nearly exclusively on areas for improvement without reinforcing what is already being done well. As with many things in life, balance and variety are preferable.

Step Five: Teach A General Principle

One of the key but challenging tasks for the learner is to take information and data gained from an individual learning situation and to accurately and correctly generalize it to other situations. There may be a tendency to over generalize – to conclude that all patients in a similar clinical situation may behave in the same way or require the exact same treatment. On the other hand, the learner may be unable to identify an important general principle that can be applied effectively in the future. Brief teaching specifically focused to the encounter can be very effective. Even if you do not have a specific medical fact to share, information on strategies for searching for additional information or facilitating admission to the hospital can be very useful to the learner.

Examples:

“Smokers are more likely than non-smokers to be infected with gram-negative organisms. This is one situation where you may need to broaden your antibiotic coverage to be sure to cover these more resistant organisms.”

- OR -

“Deciding whether someone needs to be treated in the hospital for pneumonia is challenging. Fortunately there are some criteria that have been tested which help...”

- OR -

“I’m looking for information on what antibiotics to choose for a disease. I have found it more useful to use an up-to-date hand book than a textbook which may be several years out of date.”

Because of time limitations it is not practical to do a major teaching session at that moment, but a statement or two outlining a relevant and practical teaching point can have a significant impact on the learner.

Step Six: Conclusion

Time management is a critical function in clinical teaching. This final step serves the very important function of ending the teaching interaction and defining what the role of the learner will be in the next events. It is sometimes easy for a teaching encounter to last much longer than anticipated with negative effects on the remainder of the patient care schedule. The preceptor must be aware of time and cannot rely on the candidate to limit or cut off the interaction.

The roles of the learner and preceptor after the teaching encounter may need definition. In some cases you may wish to be the observer while the learner performs the physical or reviews the treatment plan with the patient. In another instance you may wish to go in and confirm physical findings and then review the case with the patient yourself. Explaining to the learner what the next steps will be and what their role is will facilitate the care of the patient and the functioning of the learner.

Example:

“OK, now we'll go back in the room and I'll repeat the lung exam and talk to the patient. After, I'd like you to help the nurse get a peak flow, a pulse ox, and a CBC. When we've gotten all those results, let me know and we can make a final decision about the need for hospitalization and our treatment plan.”

The teaching encounter is smoothly concluded and the roles and expectations for each person are made clear in a way that will facilitate further learning and optimal patient care.

Summary:

You have learned and seen examples of the six steps in The One-Minute Preceptor model. Although it is useful to divide something into discrete steps, it is hard to remember several items in order, especially when you are first using them. To help you with this challenge you will note that the back cover of the book may be cut into several pocket size cards which you may carry with you to help you remember the steps.

The One-Minute Preceptor is a useful combination of proven teaching skills combined to produce a method that is very functional in the practice setting. It provides the preceptor with a system to provide efficient and effective teaching to the learner around the single patient encounter. It is not intended that this technique should replace existing teaching skills and techniques that already work well for the preceptor or to avoid the need to learn further techniques. It is one approach that can help you in the very challenging work that you do.

References:

Irby, D. (1997, February). The One-Minute Preceptor. Presented at the annual Society of Teachers of Family Medicine Predoctoral meeting, Orlando, FL.

Irby, D. (1997, June). The One-Minute Preceptor: Microskills for Clinical Teaching. Presented at teleconference from East Carolina Univ. School of Medicine, Greenville, NC.

Neher, J. O., Gordon, K. C., Meyer, B., & Stevens, N. (1992). A five-step "microskills" model of clinical teaching. *Journal of the American Board of Family Practice*, 5, 419-424.

STFM. (1993, February). The One-Minute Preceptor. Presented at the annual Society for the Teachers of Family Medicine Predoctoral meeting, New Orleans, LA.

Section C: Clinical assessment

CLINICAL ASSESSMENT DETAILS

Please note: To successfully units, NP candidates must achieve a satisfactory pass grade or higher in all components of the assessment. Final responsibility for candidate assessment rests with the unit coordinator.

On occasion the assessment for an individual may change to meet their individual needs and study course. The NP candidate should tell you if this has occurred.

HEA511 Context for extended professional practice

There are four assessable components for this topic. The Scope of Practice should be discussed with the clinical mentor/support NP and the clinical learning contract is to be negotiated in collaboration with the clinical mentor/support NP.

ASSESSMENT ITEM	FOCUS	VALUE	LENGTH	DUE DATE
Assignment 1	NP scope of practice	30%	2000 – 2500 words	Friday Week 6
Assignment 2	Develop a clinical learning contract	30%	unspecified	Draft Friday Wk 8 Final Friday Wk 12
Assignment 3	Professional portfolio	30%	unspecified	Friday Week 12
Assessment 4	Discussion Board Participation	10%	Undefined	Week 2 - 12

Nurse practitioner scope of practice

Graded

Weighting 30%

Length 2000-2500 words

Due Date Friday Week 6

The candidate will develop a statement of the scope and context of his or her NP role. This statement may evolve over time and should include, at a minimum:

- focus of nursing activities e.g. clinical specialty, health promotion, research, management
- type of practice setting e.g. public, private, clinic, hospital, community
- location of practice setting – urban, rural and remote
- characteristics of clients, family, group and/or community e.g. health status, age, learning needs, etc;
- complexity of practice e.g. practice guidelines/professional standards, clinical interventions
- degree of autonomy
- resources available i.e. clinical support and resources, insurance coverage, quality assurance and/or risk management, accountability.

- compare and contrast your current role and responsibility with reference to the ANMC Nurse Practitioner Competency Framework <http://www.nursingmidwiferyboard.gov.au/Codes-and-Guidelines.aspx>

Clinical learning contract

Graded

Weighting 30%

Length unspecified

Due Date Draft Fri Week 8

Final Friday Week 12

The candidate will, in collaboration with the clinical support team, use the ANMC NP Competencies to develop a learning contract to guide the candidate's development in the extended practice role. This clinical learning contract should reflect the clinical knowledge and skills the candidate will require to fulfil the scope of practice presented in Assignment 2.

The candidate will identify his or her own learning needs and negotiate learning objectives, then develop strategies that will assist in achieving her or his goals. The learning contract should broadly address the three domains of advanced and extended nursing practice: dynamic clinical practice, professional context and clinical leadership. Outcomes/assessment measures must be included and must include appropriate methods to assess each of these domains.

The clinical learning contract is a 'work in progress' to be revisited throughout the Master's course and revised as needed to reflect the candidate's evolving expertise and understanding of the NP role. It will help direct the candidate's clinical development in HEA520 Extended Practice 1 and HEA 540 Extended Practice 2, form the basis of his or her learning plan and assessment with the clinical mentor/support NP, and facilitate a clear understanding of the NP role if it is to be implemented in the clinical venue.

Portfolio

Graded

Weighting: 30%

Length: Not specified

Due date: Fri Wk 12

The assessments for the MNNP units will form the basis of the NP portfolio. The candidate will be required to develop his or her portfolio throughout the course, submitting it for assessment in some units.

In order to successfully complete this assessment, a minimum the portfolio must include:

- Table of contents
- Up-to-date Curriculum Vitae using AHPRA *Standard format for CV* <http://www.ahpra.gov.au/Registration/Registration-Process/Standard-Format-for-Curriculum-Vitae.aspx>)
- Scope of practice (revised from Assessment 1)
- Evidence to support the CV and scope of practice (e.g. clinical employment statement, transcripts of educational qualifications)

The portfolio must address the NMBA *Guidelines on endorsement as a Nurse Practitioner and Nurse Practitioner – Requirements for portfolio* <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx>

HEA513 Advanced client assessment

There are four assessable components for this topic. Comprehensive client assessment is a clinical mentor assisted assessment. Case study may be discussed with the clinical mentor/support NP.

ASSESSMENT ITEM	FOCUS	VALUE	LENGTH	DUE DATE
Assessment 1	Comprehensive client assessment	30%	Minimum 3 supervised comprehensive client health assessments	Fri Week 7, 9 & 12
Assessment 2	Comprehensive client assessment write-up	30%	Minimum 3 comprehensive client write-ups (length: undefined)	Fri Week 7, 9 & 12
Assessment 3	Case study	30%	2000 – 2500 words	Friday Week 10
Assessment 4	Discussion Board Participation	10%	Undefined	Week 2 - 12

Comprehensive client assessment

Graded

Weighting: 30% (10% each)

Length: Minimum 3 supervised comprehensive client health assessments, documentation and reflective report (report: 500 words)

Due date: Friday Weeks 7, 9 and 12

To complete this assessment candidates are required to undertake three assessed client health assessments in the practice setting including:

- completing an in-depth comprehensive mental and physiological health assessment,
- discussing findings with the client.

The assessor for the comprehensive mental and physiological client health assessment will normally be the nominated clinical mentor/support NP. Alternative assessors may be negotiated with the unit coordinator as necessary.

The assessor will observe the candidate undertaking comprehensive client health assessments in the specialist clinical setting. This observation will normally take place over a single episode of care and provide the assessor with evidence of candidate's ability to undertake a client interview, systems review and assessment in a culturally appropriate context. If more than a single episode of care forms the basis of the assessor's report, this should be explicitly noted on the report.

A *Client health assessment* proforma is attached.

Comprehensive client assessment write-up

Graded

Weighting: 30% (10% each)

Length: Minimum 3 client assessment write-ups (undefined)

Due date: Friday Weeks 7, 9 and 12

To complete this assessment candidates are required to provide three comprehensive client write-ups from three different client assessments (ideally from those assessed for Assessment One). The documentation is to be presented in a systematic and professional format including the following areas:

- Chief Complaint / Presenting illness
- Past Medical History
- Family History
- Social History
- Review of Systems
- Observations / Examination
- Summary
- Differential Diagnosis
- Provisional Diagnosis
- Investigations
- Plan
- Education

Case study

Graded

Weighting: 40%

Length: 2000 - 2500 words

Due date: Friday Week 10

Candidates are required to provide a critical analysis of a clinical case which involved the use of advanced clinical knowledge and skills relevant to the context of their practice. These cases must directly link the candidate's clinical practice to the AMNC (2006) *National Competency Standards for the Nurse Practitioner*.

HEA514 Diagnostic reasoning and clinical decision making

There are four assessable components for this topic. None of the assessments are graded in the practice setting however the knowledge and skills developed in this unit will form a component of the candidate's practice-based assessment.

ASSESSMENT ITEM	FOCUS	VALUE	LENGTH	DUE DATE
Assessment 1	Diagnostic Reasoning	30%	15 to 20 minutes	Fri Week 7
Assessment 2	Reflective Practice	30%	1500 - 2000 words	Friday Week 10
Assessment 3	Common Diagnostics	30%	2000 – 2500 words	Friday Week 12
Assessment 4	Discussion Board Participation	10%	Undefined	Week 1 - 12

Diagnostic reasoning

Graded

Weighting: 30%

Length: 15 - 20 minutes

Due date: Friday Week 7

To complete this assessment the candidate will develop and deliver a presentation to the class utilizing appropriate diagnostic reasoning when addressing a patient presentation within his or her clinical practice.

Reflective practice report

Graded

Weighting: 30%

Length: 1500 - 2000 words

Due date: Friday Week 10

The candidate will develop a reflective practice report based upon an actual clinical encounter he or she has had with a client while working at an advanced practice level.

Common Diagnostics

Graded

Weighting: 30%

Length: 1500 - 2000 words

Due date: Friday Week 12

The candidate will examine diagnostics used in his or her clinical practice. Through research of common tests and procedures, the candidate will identify at least 10 diagnostic tests typically used, for example pathology, radiography, ultrasound, describe the evidence for test selection and interpretation and provide a case study describing their application.

HEA520 Extended Practice 1

There are four assessable components for this topic. Client health assessments, Clinical experience records and Viva are clinical mentor/support NP assisted assessments.

ITEM	FOCUS	VALUE	LENGTH	DUE DATE
1	Clinical log	P/F	Minimum 6 cases per submission	Fri Weeks 2, 6 & 10
2	Comprehensive client assessments x 3	30%	Minimum 3 supervised comprehensive client health assessments	Friday Weeks 6, 9 & 12
3	Clinical experience records x 3	35%	Minimum 3 clinical experience records	Friday Weeks 6, 9 & 12
4	Viva	35%	20-30 minutes	Before Friday Week 12

Assessment One – Clinical log

Graded

Weighting: P/F

Length: Minimum 6 cases per submission

Due date: Friday Wks 2, 6 and 10

“The Clinical Log includes a list of patients seen in the practice sites and it is used by faculty to determine the patient mix and the candidate’s self-assessment of their progress toward independent functioning. Candidates indicate the extent they participated in the clinical encounter and throughout the semester and in subsequent clinical courses, the candidate is able to demonstrate more independent functioning in the logs. It also includes a short section for the candidate to report on one significant clinical learning experience during the 2-week period and to identify short-term goals to achieve in the subsequent 2 weeks.” (Cotter et al. 2009)

Client health assessment

Graded

Weighting: 30%

Length: Minimum 3 supervised comprehensive client health assessments

Due date: Friday Weeks 6, 9 & 12

The candidate will undertake three client health assessments in the practice setting. The assessor will normally be the candidate’s nominated clinical mentor. Alternative assessors may be negotiated with the unit coordinator as necessary.

A *Client health assessment* proforma is attached.

Clinical experience records

Graded

Weighting 35%

Length Minimum 3 clinical experience records

Due Date Friday Weeks 6, 9 & 12

The candidate will undertake supervised clinical experiences in the practice setting. The purpose of this assessment is to involve the clinical team in the evaluation of the candidate's level of clinical competence for the extended practice role in practice setting.

A *Client experience record* proforma is attached.

Viva

Graded

Weighting: 35%

Length: 20 - 30 minutes

Due date: Before Fri Wk 12

The candidate will undertake an oral examination of a clinical scenario. The purpose of this oral examination is to provide rigorous assessment of the candidate's ability to articulate his or her practice in a clear and coherent manner, addressing all aspects of extended nursing in the area of practice.

A *Viva* proforma is attached.

HEA540 Extended Practice 2

There are four assessable components for this topic. Clinical experience records, viva and portfolio are clinical mentor/support NP assisted assessments. Case studies may be discussed with the clinical mentor/support NP.

ITEM	FOCUS	VALUE	LENGTH	DUE DATE
Assignment 1	Clinical experience records x 3	20%	Minimum 3 clinical experience records	Friday Weeks 4, 8 & 12
Assignment 2	Case studies x 2	30%	1500 – 2000 words	Friday Weeks 6 & 10
Assignment 3	Viva	50%	40-50 minutes	Before Fri Wk 12*
Assignment 4	Portfolio	P/F	5cm binder maximum (or equivalent)	Fri Wk 12

Clinical experience records

Graded

Weighting: 20%

Length: Minimum 3 clinical experience records

Due Date: Friday Weeks 4, 8 & 12

The candidate will undertake supervised clinical experiences in her or his practice setting. The purpose of this assessment is to involve the clinical team in the evaluation of the candidate's level of clinical competence for the extended practice role in current practice setting.

The assessor will normally be the clinical mentor/support NP and clinical support team. Alternative assessors may be negotiated with the teaching team as necessary.

A *Client experience record* proforma is attached.

Case studies

Graded

Weighting: 30%

Length: 1500 – 2000 words

Due date: Friday Weeks 6 & 10

Candidates are required to provide a critical analysis of at least two specific clinical cases which involved the use of advanced clinical knowledge and skills relevant to the context of their practice. These cases must directly link the candidate's clinical practice to the AMNC (2006) *National competency Standards for the Nurse Practitioner*.

Viva

Graded

Weighting: 50%

Length: 40-50 minutes

Due date: Before Fri Wk 12

To complete this assessment the candidate will undertake an oral examination of a clinical scenario. The purpose of this oral examination is to provide rigorous assessment of the candidate's ability to articulate your practice in a clear and coherent manner, addressing all areas of extended nursing in the area of practice.

A *Viva proforma* is attached.

Portfolio

Graded P/F

Weighting: must be passed to successfully complete unit

Length: One 5cm binder maximum (or equivalent)

Due date: Fri Wk 12

The portfolio required for this unit should reflect the professional development the candidate has achieved in preparation for his or her role as an NP, including assessment undertaken as part of the MNNP course and other professional education and experience, and be constructed to meet AHPRA requirements. The portfolio will be assessed both internally, by the unit coordinator, and externally, by the support NP.

At a minimum the portfolio must include:

- Table of contents
- Up-to-date Curriculum Vitae using AHPRA *Standard format for CV*
<http://www.ahpra.gov.au/Registration/Registration-Process/Standard-Format-for-Curriculum-Vitae.aspx>)
- Statement detailing scope of practice
- Transcripts of educational qualifications
- Case studies or exemplars of practice
- Evidence of clinical experience (e.g. client assessment records)
- Performance review records (e.g. clinical experience records)
- Summary of professional development plan for next 12 months

The portfolio **MUST** be supported by relevant verifiable evidence such as those outlined above. Documents do not have to be certified.

UNSATISFACTORY PERFORMANCE

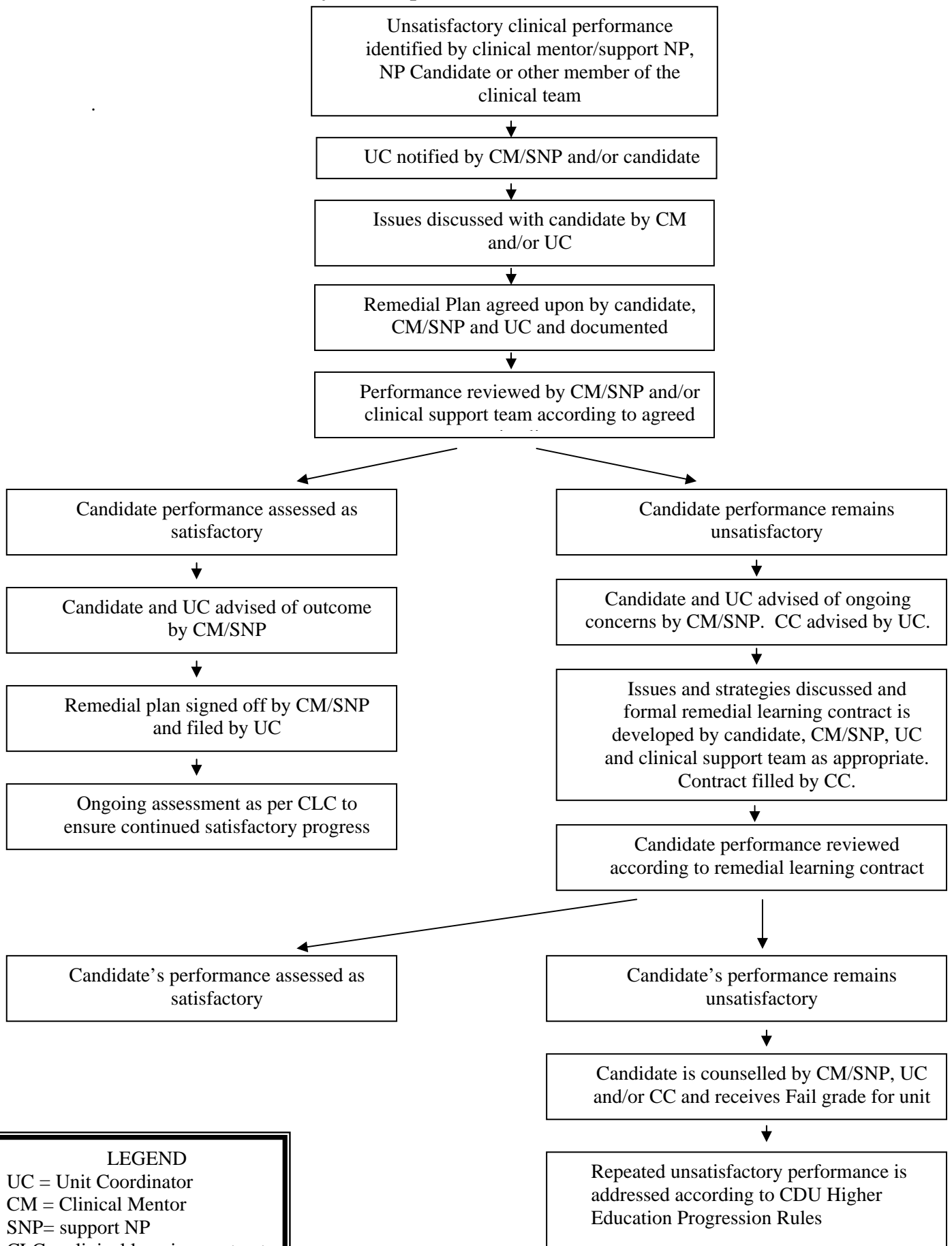
A candidate's performance may be deemed unsatisfactory due to failure to meet the objectives of the clinical learning contract and/or clinical assessment requirements.

As soon as the risk of an unsatisfactory grade is identified, the clinical mentor/support NP will notify the candidate and the Unit Coordinator. The Unit Coordinator, in consultation with the candidate and clinical mentor/support NP, will develop an individual remediation plan for the candidate. This plan will indicate areas in which improvement is required and specific aims to be met to achieve satisfactory performance. The nature and extent of the remediation plan will depend upon the overall performance of the candidate across all areas of the clinical learning contract. If the candidate and/or the clinical mentor/support NP have reason to believe they cannot work together to implement the remediation plan, either may request that the Unit Coordinator approve alternative arrangements.

Candidates at risk of receiving an unsatisfactory assessment should be receiving remedial attention and be dealt with in the following way:

- As soon as the risk is identified, the clinical mentor/support NP must notify both the candidate and the Unit Coordinator;
- In consultation with the candidate and the Unit Coordinator the clinical mentor/support NP should develop and document a remediation plan to improve clinical performance following the guidelines given below:
 - Detail the major area(s) of unsatisfactory clinical performance.
 - Specify the aims to be met in order to demonstrate satisfactory performance in the area(s) identified above.
 - Develop a range of methods/activities/resources which candidate can use to achieve the aims specified.
 - If the candidate and/or clinical mentor/support NP have reason to believe they cannot work together in the preparation and execution of the plan, the clinical mentor/support NP or candidate should contact the Unit Coordinator to discuss the possibility of making alternative arrangements.
 - The plan should be reviewed, feedback given to the candidate and progress noted frequently and regularly.
 - Clinical mentor/support NPs should withhold their final assessment if the candidate is unsatisfactory in one area. The Unit Coordinator will make the final assessment after determining whether a pattern of unsatisfactory performance in the relevant area can be identified, and whether a plan to improve performance and reassessment is necessary.
 - If the candidate has not been able to meet the aims identified and is still unsatisfactory in two or more areas at the completion of the semester, the clinical mentor/support NP should consult the Unit Coordinator before the unsatisfactory assessment is finally determined.
 - Candidates who have received an unsatisfactory assessment have not necessarily failed. The process for the determination of future opportunities for such candidates to redeem their clinical performance will be negotiated with the candidate, Unit Coordinator, clinical mentor/support NP and other relevant stakeholders.

Flow chart for unsatisfactory clinical performance



LEGEND
 UC = Unit Coordinator
 CM = Clinical Mentor
 SNP= support NP
 CLC = clinical learning contract
 CC = Course coordinator

CLINICAL ASSESSMENT PROFORMAS

Extended Practice 1 & 2

CLIENT HISTORY & PHYSICAL EXAMINATION INFORMATION SHEET

Purpose: The purpose of this assignment is to involve the clinical team in the evaluation of the candidate's level of clinical competence for the extended practice role in the current practice setting.

Rating criteria: Attached

Assessor: The assessor will normally be a medical practitioner specialising in the candidate's area of practice or an NP authorised in the candidate's area of practice. Alternative assessors may be negotiated with the teaching team as necessary.

Process: The assessor will observe the candidate undertaking a client history and physical examination. This observation will normally take place over a single episode of care and provide the assessor with evidence of the candidate's ability to address the range of criteria included on the *Client History & Physical Examination Assessment Proforma*. If more than a single episode of care forms the basis of the Assessment Proforma, this should be explicitly noted on the Proforma. Several assessments may take place over a period of weeks or months in order to evaluate the candidate's progress.

The assessor may choose to pose questions, review documentation or talk to the client in order to more fully explore the candidate's ability to meet the assessment criteria on the attached *Client History & Physical Examination Assessment Proforma*. The assessment criteria address the areas of history of the presenting complaint, past medical history, psychosocial history, systems review, inspection, physical examination and care at completion of the examination. Additional areas may be explored as appropriate to the candidate's area of practice.

Attached please find a copy of the *Client History & Physical Examination Assessment Proforma*, which will be used for recording the result of the assessment.

Comments: The comments section offers the opportunity to provide an overall summary of the assessment, specific comment on aspects of the assessment, suggestions for additional study or other comments or suggestions. Candidate's comments should demonstrate reflective professional practice.

Rating Criteria

The table below identifies the criteria used for assessing candidate's knowledge and skills in history taking, physical assessment and examination.

Level		Meaning
9-10	Independent & excellent performance	Safe: requires & seeks minimal prompts for thinking or action. Demonstrates an excellent understanding of knowledge underpinning practice. Very coordinated, proficient and confident in technical clinical skills. Professional and caring at all times. Excellent effective interpersonal communication skills with clients and staff. Very good ability to synthesise theory and practice with minimal prompts. Very well developed clinical reasoning skills.
7-8	Infrequently assisted & good performance	Safe: requires and seeks infrequent prompts for thinking or action Demonstrates a sound understanding of knowledge underpinning practice. Coordinated, proficient and confident in technical skills. Professional and caring at all times. Good effective interpersonal communication skills with clients and staff. Good ability to synthesise theory and practice with infrequent prompts. Good clinical reasoning skills. <i>(Minimum level required for successful completion as a Nurse Practitioner candidate. See Unit Information assessment criteria for details.)</i>
5-6	Assisted & satisfactory performance	Safe: requires and seeks prompts for thinking or action Demonstrates a satisfactory understanding of knowledge underpinning practice. Coordinated, proficient and confident in most technical skills. Will usually consult appropriate resources prior to asking for assistance. Professional and caring at all times. Appropriate interpersonal communication skills at all times. Satisfactory ability to synthesise theory and practice requiring prompts at times. Satisfactory clinical reasoning skills.
3-4	Frequently assisted & borderline performance	Unsafe: requires frequent verbal and/or physical prompts and direction Deficit in knowledge underpinning practice. Requires frequent prompting to elicit knowledge. Hesitant, unconfident and/or lacks proficiency in technical skills. Professional conduct and caring not consistently demonstrated. Occasionally demonstrates ineffective interpersonal communication skills. Requires frequent prompting and support to synthesise theory and practice.
1-2	Dependent & unsatisfactory performance	Unsafe: requires ongoing verbal and physical prompts and direction Requires ongoing prompting to elicit knowledge underpinning practice. Uncoordinated, unconfident and lacks proficiency in basic technical skills. Professional conduct and caring not consistently demonstrated. Frequently demonstrates ineffective interpersonal communication skills. Inability to synthesise theory and practice even with frequent prompting and support.

Adapted from Bondy, K. N. 1983, *Journal of Nursing Education*, vol. 22, no. 9; University of South Australia 1999, Bachelor of Nursing Clinical Assessment Form; Flinders Medical Centre Performance Review Graduate Nurse.

Use the comment section of this assessment format to justify an extremely high or low ranking or to cover any factor not listed that contributed to the decision. Provide exemplars or critical incidents in respect to a competency to support a decision if desired and/or appropriate.

When the report has been written, the candidate should read what has been written in the presence of the assessor so that they may ask for clarification on any points of the assessment. The candidate should then comment (optional) on the report prior to the report being signed by both the candidate and the assessor.

Candidate's Name: _____

Assessor's Name: _____

Comprehensive Client history & physical examination assessment proforma

Criteria	Independent & excellent		Infrequently assisted & good		Assisted & satisfactory		Frequently assisted & borderline		Dependent & unsatisfactory	
	10	9	8	7	6	5	4	3	2	1
History:										
<i>Presenting complaint</i>										
Description of symptoms										
Effect on client's life										
Client's understanding of problems										
<i>Past Medical History</i>										
Accidents / injuries										
Serious chronic illnesses										
Hosp./Surgeries										
Obst Hx										
Immunisations										
Medications										
Allergies										
Other (as relevant)										
<i>Family History</i>										
Age & health (blood relatives)										
Conditions (immediate family)										
Other (as relevant)										
<i>Social History</i>										
Smoking										
Nutrition										
Smoking/alcohol/drugs										
Physical exercise										
Emotional/mental health										
Occupational history										
Other (as applicable)										

Criteria	Independent & excellent		Infrequently assisted & good		Assisted & satisfactory		Frequently assisted & borderline		Dependent & unsatisfactory	
	10	9	8	7	6	5	4	3	2	1
Systems Review:										
General										
Skin										
HEENT										
Respiratory										
Cardiovascular										
Gastrointestinal										
Genital/Urinary										
Neurological										
Musculoskeletal										
Other (as applicable)										
Observations:										
Vital signs, weight, pain, BMI, waist circum (as appropriate)										
Physical examination:										
General										
Skin										
HEENT										
Respiratory										
Cardiovascular										
Gastrointestinal										
Genital/Urinary										
Neurological										
Musculoskeletal										
Other (as applicable)										
At completion of examination:										
Ensure client comfort and safety										
Documents relevant information										
Diagnostic x—ray & pathology test recom.										

Assessors comments:

Grade: _____

Assessor's signature: _____

Date: _____

Candidate's comments:

Candidate's signature: _____

Date: _____

Candidate learning objectives:

Extended Practice 1 & 2

Clinical Experience Record Information sheet

Purpose: The purpose of this assessment is to involve the clinical team in the evaluation of the candidate's level of specialist clinical practice.

Rating criteria: Attached

Assessor: The assessor will normally be the NP candidate's mentor/support NP. Alternative assessors may be negotiated with the unit coordinator as necessary.

Process: The assessor will observe the candidate in client care. This observation will normally take place over a period of time and involve more than one episode of client care in order to provide the assessor with evidence of the candidate's ability to address the range of criteria encompassed on the *Clinical Experience Record*. Any criteria not evaluated should be noted as 'not assessed'.

The assessor may choose to pose questions, review documentation or talk to other members of the health care team in order to more fully explore the candidate's ability to meet the assessment criteria on the attached *Clinical Experience Record*. The assessment criteria address the areas of client assessment and care, professional communication and specialty knowledge. Additional areas may be explored as appropriate to the candidate's area of practice.

Attached please find a copy of the *Clinical Experience Record*, which will be used for recording the result of the assessment.

Comments: The comments section offers the opportunity to provide an overall summary of the assessment, specific comment on aspects of the assessment, suggestions for additional study or other comments or suggestions.

Candidate's comments should demonstrate reflective professional practice. The ability to critically evaluate one's own performance and develop plans to meet identified gaps is a key to life-long professional development. This section is forms a key component of the clinical experience assessment.

Rating Criteria

Level		Meaning
9-10	Independent & excellent performance	<p>Safe: requires & seeks minimal prompts for thinking or action.</p> <p>Demonstrates an excellent understanding of knowledge underpinning practice. Very coordinated, proficient and confident in technical clinical skills. Professional and caring at all times. Excellent effective interpersonal communication skills with patients and staff. Very good ability to synthesise theory and practice with minimal prompts. Very well developed clinical reasoning skills.</p>
7-8	Infrequently assisted & good performance	<p>Safe: requires and seeks infrequent prompts for thinking or action</p> <p>Demonstrates a sound understanding of knowledge underpinning practice. Coordinated, proficient and confident in technical skills. Professional and caring at all times. Good effective interpersonal communication skills with patients and staff. Good ability to synthesise theory and practice with infrequent prompts. Good clinical reasoning skills.</p>
5-6	Assisted & satisfactory performance	<p>Safe: requires and seeks prompts for thinking or action</p> <p>Demonstrates a satisfactory understanding of knowledge underpinning practice. Coordinated, proficient and confident in most technical skills. Will usually consult appropriate resources prior to asking for assistance. Professional and caring at all times. Appropriate interpersonal communication skills at all times. Satisfactory ability to synthesise theory and practice requiring prompts at times. Satisfactory clinical reasoning skills.</p>
3-4	Frequently assisted & borderline performance	<p>Unsafe: requires frequent verbal and/or physical prompts and direction</p> <p>Deficit in knowledge underpinning practice. Requires frequent prompting to elicit knowledge. Hesitant, unconfident and/or lacks proficiency in technical skills. Professional conduct and caring not consistently demonstrated. Occasionally demonstrates ineffective interpersonal communication skills. Requires frequent prompting and support to synthesise theory and practice.</p>
1-2	Dependent & unsatisfactory performance	<p>Unsafe: requires ongoing verbal and physical prompts and direction</p> <p>Requires ongoing prompting to elicit knowledge underpinning practice. Uncoordinated, unconfident and lacks proficiency in basic technical skills. Professional conduct and caring not consistently demonstrated. Frequently demonstrates ineffective interpersonal communication skills. Inability to synthesise theory and practice even with frequent prompting and support.</p>

Adapted from Bondy, K. N. 1983, *Journal of Nursing Education*, vol. 22, no. 9; University of South Australia 1999, Bachelor of Nursing Clinical Assessment Form; Flinders Medical Centre Performance Review Graduate Nurse.

Use the comment section of this assessment format to justify an extremely high or low ranking or to cover any factor not listed that contributed to the decision. Provide exemplars or critical incidents in respect to a competency to support a decision if desired and/or appropriate.

When the report has been written, the candidate should read what has been written in the presence of the assessor so that they may ask for clarification on any points of the assessment. The candidate should then comment (optional) on the report prior to the report being signed by both the candidate and the assessor.

Assessors comments:

Grade: _____

Assessor's signature: _____

Date: _____

Candidate's comments:

Candidate's signature: _____

Date: _____

Candidate learning objectives:

Extended Practice 1 & 2

VIVA INFORMATION SHEET

Purpose: The purpose of this oral examination is to provide rigorous assessment of the candidate's ability to articulate their practice in a clear and coherent manner, addressing all areas of extended nursing in the area of practice.

Rating criteria: Attached

Participants: The assessment team will normally consist of the clinical mentor/support NP, a representative from the MNNP teaching team, and, where possible, an NP authorised in the candidate's area of practice. Changes to this format will be negotiated between the assessment team and the candidate. In addition, the candidate may request the attendance of a support person who will NOT be involved in the assessment process.

Process: The assessment team will provide clinical scenario(s) appropriate to the candidate's scope of practice. These clinical scenario(s) may involve an actual patient the NP has cared for, a hypothetical case study, components of several cases, or some combination of these approaches.

The assessment team will pose questions exploring the candidate's ability to meet the assessment criteria on the attached *Viva Marking Guide*. The assessment criteria address the areas of patient assessment, investigations and diagnosis, clinical reasoning, patient management, communication and professional practice. Additional areas may be explored as appropriate to the candidate's area of practice.

Attached please find a copy of the *Viva Marking Guide*, which will be used for recording the result of the viva.

Comments: The comments section offers the opportunity to provide an overall summary of the assessment, specific comment on aspects of the assessment, suggestions for additional study or other comments or suggestions. NP candidate's comments should demonstrate reflective professional practice.

Rating Criteria

Level		Meaning
9-10	Independent & excellent performance	<p>Safe: requires & seeks minimal prompts for thinking or action.</p> <p>Demonstrates an excellent understanding of knowledge underpinning practice. Very coordinated, proficient and confident in technical clinical skills. Professional and caring at all times. Excellent effective interpersonal communication skills with patients and staff. Very good ability to synthesise theory and practice with minimal prompts. Very well developed clinical reasoning skills.</p>
7-8	Infrequently assisted & good performance	<p>Safe: requires and seeks infrequent prompts for thinking or action</p> <p>Demonstrates a sound understanding of knowledge underpinning practice. Coordinated, proficient and confident in technical skills. Professional and caring at all times. Good effective interpersonal communication skills with patients and staff. Good ability to synthesise theory and practice with infrequent prompts. Good clinical reasoning skills. (<i>Minimum level required for successful completion as a Nurse Practitioner candidate. See Unit Information assessment criteria for details.</i>)</p>
5-6	Assisted & satisfactory performance	<p>Safe: requires and seeks prompts for thinking or action</p> <p>Demonstrates a satisfactory understanding of knowledge underpinning practice. Coordinated, proficient and confident in most technical skills. Will usually consult appropriate resources prior to asking for assistance. Professional and caring at all times. Appropriate interpersonal communication skills at all times. Satisfactory ability to synthesise theory and practice requiring prompts at times. Satisfactory clinical reasoning skills.</p>
3-4	Frequently assisted & borderline performance	<p>Unsafe: requires frequent verbal and/or physical prompts and direction</p> <p>Deficit in knowledge underpinning practice. Requires frequent prompting to elicit knowledge. Hesitant, unconfident and/or lacks proficiency in technical skills. Professional conduct and caring not consistently demonstrated. Occasionally demonstrates ineffective interpersonal communication skills. Requires frequent prompting and support to synthesise theory and practice.</p>
1-2	Dependent & unsatisfactory performance	<p>Unsafe: requires ongoing verbal and physical prompts and direction</p> <p>Requires ongoing prompting to elicit knowledge underpinning practice. Uncoordinated, unconfident and lacks proficiency in basic technical skills. Professional conduct and caring not consistently demonstrated. Frequently demonstrates ineffective interpersonal communication skills. Inability to synthesise theory and practice even with frequent prompting and support.</p>

Adapted from Bondy, K. N. 1983, *Journal of Nursing Education*, vol. 22, no. 9; University of South Australia 1999, Bachelor of Nursing Clinical Assessment Form; Flinders Medical Centre Performance Review Graduate Nurse.

Use the comment section of this assessment format to justify an extremely high or low ranking or to cover any factor not listed that contributed to the decision. Provide exemplars or critical incidents in respect to a competency to support a decision if desired and/or appropriate.

When the report has been written, the candidate should read what has been written in the presence of the assessor so that they may ask for clarification on any points of the assessment. The candidate should then comment (optional) on the report prior to the report being signed by both the candidate and the assessor.

Assessors comments:

Grade: _____

Assessor's signature: _____

Date: _____

Candidate's comments:

Candidate's signature: _____

Date: _____

Candidate learning objectives:
